

TRANSMITTAL FORM

Application Number	10/026,359
Filing Date	December 24, 2001
First Named Inventor	Brijesh Agarwal
Group Art Unit	3696
Confirmation No.	8067
Examiner Name	Frantzy Poinvil
Attorney Docket No.	MAX-004
Patent No.	7,590,585
Issue Date	September 15, 2009

ENCLOSURES *(check all that apply)*

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)	<input type="checkbox"/> Request for Certificate of Correction
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Replacement Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input checked="" type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input type="checkbox"/> Certificate of Correction <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD(s) for large table or computer program	<input type="checkbox"/> Additional Enclosure(s) <i>(please identify below)</i>
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Amendment After Allowance	

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Proskauer Rose LLP
One International Place
Boston, MA 02110-2600
Tel. No.: (617) 526-9600
Fax No.: (617) 526-9899

SIGNATURE BLOCK

Respectfully submitted,

Date: August 17, 2010
Reg. No.: 64,946
Tel. No.: (617) 526-9880
Fax No.: (617) 526-9899

/Patrick J. Niedermeier #64,946/
Patrick J. Niedermeier
Attorney for the Applicant(s)
Proskauer Rose LLP
One International Place
Boston, MA 02110-2600